## PATENT APP ATION FEE DETERMINATION RECO. Effective December 8, 2004

Application or Docket Number

10/531808

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OTHER THAN	
			(Column 1)			(Column 2)		1176		OR ~	SMALL	ENTITY
U.S	. NATIONAL	STAGE FEES						RATE	FEE		RATE	FEE
BAS	SIC FEE		SMALL ENT. = \$ 150		LARGE ENT. = \$ 300			BASIC FEE		OR	BASIC FEE	300
EXA	MINATION FE	E	Satisfies PCT Article 33(1)- (4) = \$50/\$100			her situations = 100 / \$ 200		EXAM FEE			EXAM. FEE	200
SEARCH FEE			U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400		All other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	400
FEE	FOR EXTRA S	SPEC. PGS.	minus 100 =		/ 50 =			X \$ 125 =			X \$ 250 =	
τοτ	AL CHARGEAI	BLE CLAIMS	17 mir	nus 20 =				X \$ 25 =		OR	X \$ 50 =	
INDI	EPENDENT CL	AIMS	2 m	inus 3 = ,				X \$ 100 =		OR	X \$ 200 =	-
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column						lumn 2	•	TOTAL		OR	TOTAL	900
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	ı	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
•		(Column 1)		(Colum	n 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> </ul>												

FORM PTO-875 (Rev. 02/2005)